

Title: The Development and Evaluation of a Social Marketing Campaign in New York State

Organization: AIDS Institute, New York State Department of Health, Albany, NY

Lead Author: Patricia A. Doyle

Additional authors: Roberta Glaros, MA; Perdietha Rogers; Donna Parisi; Lou Smith, MD

Topical Issues of Focus: Social marketing

Background/Objectives

The Community Action for Prenatal Care (CAPC) Initiative is a program of the AIDS Institute, New York State Department of Health. CAPC involves the development of community coalitions dedicated to the reduction of adverse birth outcomes, including perinatal HIV transmission, through the recruitment of high-risk pregnant women into prenatal care. CAPC targets zip codes in the Bronx, Brooklyn, Manhattan, and Buffalo where the percentage of women delivering babies without receiving prenatal care, and the rate and/or number of HIV-positive women giving birth are both high. Lead agencies identified in each area coordinate activities of the local coalition including implementation of a comprehensive model of service delivery. New York State created a social marketing campaign to reach women at risk for late or no prenatal care and/or at risk for HIV. These women may be substance users, homeless, immigrants, or adolescents. Some are women experiencing domestic violence, mental illness, and/or developmental disabilities. Many at-risk women are distrustful of the health care system, and are reluctant to reach out for assistance when they are pregnant for fear of judgment by health care professionals.

The goal of the social marketing campaign is to encourage women to contact a toll-free hotline to connect them to prenatal care services. Telecounselors answer the hotline 24 hours a day, 7 days a week. Spanish-speaking counselors are on duty, and translation services for all languages are available within minutes. The contracted agency is the Health Association, located in Rochester, New York.

The telecounselor determines eligibility for referral to a CAPC lead agency based on zip code and need for services. Pregnant women who request prenatal care within the specific area are linked to an outreach worker if needed. Outreach workers have received specialized training through CAPC and may provide navigation services to prenatal care or case management sites.

A significant aspect in the development of the social marketing plan was the use of focus groups. The objective of these groups was to create messages and materials relevant to the intended audience.

Methods

The AIDS Institute selected a consulting firm to research and develop messages, materials, and distribution methods to best reach the intended audience in their own languages. Ten focus groups consisting of approximately 10 female representatives of the intended population were convened for two-hour sessions. Group members were recruited by outreach workers and CAPC lead agencies and were paid for their participation. Participants explored motivations for and against seeking early prenatal care and suggested methods for publicizing the message. In addition, they provided feedback on possible patterns, colors and images for the campaign.

Bird Consulting, Inc. convened a second round of focus groups to review the messages and images derived from the first phase. The participants used a Perception Analyzer™ electronic device to respond to combinations of messages and images. Since African-American women and Haitian women selected a different image and message from teens and the Spanish-speaking group, two printed products were developed.

The social marketing campaign was launched in December, 2001. The mediums were:

Bus Shelter Postings- Posters placed inside bus shelters, in three locations per target zip code in New York City and Buffalo.

Radio- Advertisements aired on three stations in New York City and two stations in Buffalo. Each station aired nine to twelve spots per week. A message promoting prenatal care aired during five months and an HIV-specific prenatal care message aired for three months.

Community Postings- Weatherproof posters on the outside of convenience stores and similar businesses in 125 locations in New York City only.

Movie Ads- Advertisements aired in three, twelve-second spots before each film in four movie theatres in New York City only.

Supermarket receipts- Cash register receipts with CAPC advertisement, for 12 weeks, in 5 stores in Buffalo only.

Results

The results of the social marketing campaign were impressive in terms of calls to the hotline and referrals to the lead agencies. The hotline provided monthly reports to the AIDS Institute staff. No callers identified the following sources when asked how they heard about the hotline: the Haitian/Creole radio station, supermarket receipts, and movie ads.

- Radio advertisement received the greatest response. The change in the number of calls to the hotline from a month without radio to a month with radio was at times over 200%.
- Interestingly, there was a difference in the number of hits to the hotline when radio delivered a message promoting prenatal care with an HIV focus as

opposed to promoting prenatal care without an HIV focus. For example, in January 2003, the radio message did not have an HIV focus and the number of hits to the hotline was 547, which resulted in 80 referrals to lead agencies for CAPC services. In February, the radio message had a focus on HIV and the hits to the hotline decreased to 268. In March, the radio message did not mention HIV and the total hits to the hotline increased again to 505 calls, resulting in 90 referrals to lead agencies.

Conclusions

The social marketing campaign exceeded our expectations as measured by calls to the hotline. We believe it was successful for two major reasons:

1. We listened to what the target audience told us would work rather than what we thought would work.
2. We used more than one medium simultaneously to get the message across to the intended audience.

The greatest challenge was coordinating all the information from: the consultants, focus group members, lead agency staff, and hotline telecounselors, to maximize the effect of the campaign. We overcame this challenge by frequent communication via phone, e-mail, task-centered meetings, and keeping our focus on the outcome we hoped to achieve, i.e. that at-risk women would see or hear CAPC information and call the hotline.

Our current challenge is that funding for social marketing is exhausted, and we must rely solely on the lead agencies and the outreach workers who are part of their coalitions to do all future social marketing for CAPC.